



Mailing: 25440 W Newberry Rd
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STAFF USE ONLY

COMMERCIAL PERMIT PACKET

PERMIT EXPIRES 180 DAYS FROM THE DATE OF ISSUE

All plans must comply with 2020 Florida Building Codes, Seventh Edition, 2017 NEC,
City of Newberry Code of Ordinances & Land Development Regulations

APPLICANT/CONTRACTOR INFORMATION

Company Name: _____ Contractor: _____

Address: _____ Phone: _____

_____ Email: _____

License Number: _____

PROPERTY INFORMATION

Owner Name: _____ Phone: _____

Address: _____ Parcel Number: _____

_____ Lot: _____ Block: _____

Unit Number: _____ Subdivision: _____

Zoning: _____ Use: _____

Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____

PROJECT INFORMATION

Use of Building: _____ Classification of Work: _____
(New Installation/Addition or Repair)

Foundation Type: _____ Wall Type: _____ Roof Type: _____

Roof Slope: _____ Number of Stories: _____ Total Heated SQFT: _____

Total SQFT: _____ Value of work: \$ _____

Description of work

Located in the Historic Little Red School House
25815 S.W. 2nd Avenue

WARNING TO OWNER

A Notice of Commencement must be recorded and posted on the job site before first inspection. Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

OWNER / CONTRACTORS AFFIDAVIT

I have carefully read and examined this application and the information contained within is true and correct to the best of my knowledge and belief. I certify that no work has commenced prior to the issuance of a permit, and that all work will comply with the City of Newberry and laws of the State of Florida, whether specified or not. **I will notify the City of Newberry 24 hours in advance for all inspection requests.** No work will be concealed before approval is issued.

Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy or Certificate of Completion.

Contractor Name
Please Print

Contractor Signature

Date

Owner-Contractor Name

Owner-Contractor Signature

Date

COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA RESIDENTIAL BUILDING CODE 7th EDITION (2020)

ALL REQUIREMENTS SUBJECT TO CHANGE

EFFECTIVE JUNE 30, 2015

ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 16 OF THE FBC 7TH EDITION (2020) BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE BASIC WIND SPEED REQUIREMENTS SHALL BE ESTABLISHED BY THE BUILDING RISK CATEGORY AS PER TABLE 1604.5 AND DESIGN SPEEDS IN FIGURES 1609A, B, OR C.

NO AREA IN ALACHUA COUNTY IS IN A WIND-BORNE DEBRIS REGION.

GENERAL REQUIREMENTS: Two (2) complete sets of plans containing a floor plan, site plan, foundation plan, floor/rood framing plan or truss layout, wall sections and all exterior elevations including the building height. All establishments where food is prepared and served shall have plans pre-approved by the Florida Department of Hotels and Restaurant.

Applicant	Plans Examiner	
<input type="checkbox"/>	<input type="checkbox"/>	All drawings must be clear, concise, and drawn to scale (“optional” details that are not used shall be marked void or crossed off). Square footage of heated area and unheated area shall be on plans.
<input type="checkbox"/>	<input type="checkbox"/>	Signature and raised seal by licensed architect or engineer shall be affixed to commercial plans if the value of the construction exceeds \$25,000 as required by Florida Statute.
<input type="checkbox"/>	<input type="checkbox"/>	Copies of DRC approved and signed site plan.
<input type="checkbox"/>	<input type="checkbox"/>	Occupancy classification and special occupancy requirement including occupant load (FBC Ch 3, 4, & 10).
<input type="checkbox"/>	<input type="checkbox"/>	Minimum type construction (FBC Table 503)

Fire Resistant Construction Requirements shall include:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Fire resistant separations (listed systems) |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Fire resistant protection for type of construction |
| <input type="checkbox"/> | <input type="checkbox"/> | C) Protection of openings and penetrations of rated walls (listed systems) |
| <input type="checkbox"/> | <input type="checkbox"/> | D) Fire blocking and draft-stopping |
| <input type="checkbox"/> | <input type="checkbox"/> | E) Calculated fire resistance |

Fire Suppression & Fire Alarm Systems shall include: (reviewed by Fire Marshall)

- A) Fire sprinklers (separate permit by licensed sprinkler contractor)
- B) Fire alarm system (separate permit by licensed fire alarm contractor)
- C) Pre-engineered suppression systems (separate permit by licensed fire equipment dealer)
- D) Architectural drawings for building permit shall include engineered (sealed) design document or fire alarm system and fire sprinkler system.
- E) Separate permits for all fire suppression systems, fire alarm systems and fire sprinkler systems shall include shop drawings.
- F) Smoke evacuation system schematic
- G) Stand-pipes: pre-engineered system sprinkler riser diagram

Life Safety Systems shall include: (review by fire marshal)

- A) Occupancy load and egress capacity
- B) Early warning
- C) Smoke control
- D) Stair pressurization
- E) Systems schematic

Occupancy Load/Egress Requirements shall include:

- A) Occupancy load (gross and net)
- B) Means of egress (exit access, exit and exit discharge)
- C) Stair construction/geometry and protection

Occupancy Load/Egress Requirements shall include: (cont'd)

- D) Doors
- E) Emergency lighting and exit signs
- F) Specific occupancy requirements, construction requirements (horizontal exits/exit passageways)

Structural Requirements shall include:

- A) Soil conditions/analysis
- B) Termite protection
- C) Design loads

Structural Requirements shall include:

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | D) Wind requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | E) Building envelope |
| <input type="checkbox"/> | <input type="checkbox"/> | F) Structural calculations |
| <input type="checkbox"/> | <input type="checkbox"/> | G) Foundation |
| <input type="checkbox"/> | <input type="checkbox"/> | H) Wall systems |
| <input type="checkbox"/> | <input type="checkbox"/> | I) Floor systems |
| <input type="checkbox"/> | <input type="checkbox"/> | J) Roof systems |
| <input type="checkbox"/> | <input type="checkbox"/> | K) Threshold inspection plan |
| <input type="checkbox"/> | <input type="checkbox"/> | L) Stair systems |
| <input type="checkbox"/> | <input type="checkbox"/> | M) Flashing details |

Materials shall include:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Wood |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Steel |
| <input type="checkbox"/> | <input type="checkbox"/> | C) Aluminum |
| <input type="checkbox"/> | <input type="checkbox"/> | D) Concrete |
| <input type="checkbox"/> | <input type="checkbox"/> | E) Plastic, foam |
| <input type="checkbox"/> | <input type="checkbox"/> | F) Glass (mfg., listing for wind zone including details for installation and attachments including all exterior windows and doors) |
| <input type="checkbox"/> | <input type="checkbox"/> | G) Windows and doors showing size, mfg., Florida product approval listing and attachment spec. and safety glazing where needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | H) Masonry |
| <input type="checkbox"/> | <input type="checkbox"/> | I) Gypsum board and plaster |
| <input type="checkbox"/> | <input type="checkbox"/> | J) Insulating (mechanical) |
| <input type="checkbox"/> | <input type="checkbox"/> | K) Roofing (mfg. listed system for wind zone with installation and attachments) |
| <input type="checkbox"/> | <input type="checkbox"/> | L) Insulation |
| <input type="checkbox"/> | <input type="checkbox"/> | M) Soffit product approval or sealed detail |

Accessibility requirements shall include:

- | | | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Site requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Accessible route |

Accessibility requirements shall include: (cont'd)

- C) Vertical accessibility
- D) Toilet and bathing facilities
- E) Drinking fountains
- F) Equipment
- G) Special occupancy requirement
- H) Fair housing requirements

Interior requirements shall include:

- A) Interior finishes (flame spread/smoke develop)
- B) Light and ventilation
- C) Sanitation

Special Systems shall include:

- A) Elevators
- B) Escalators
- C) Lifts
- Swimming Pools Commercial:** plans signed and sealed by Florida registered engineer and approved by the Dept of Business and Professional Regulations/Health Department indication compliance with the Florida Administrative Code Chapter 64E-9 and Section 424 of the Florida Building Code

Electrical

- A) Electrical wiring, services, feeders, and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs, combination AFCI
- B) Equipment
- C) Special occupancies
- D) Emergency Systems
- E) Communication Systems
- F) Low Voltage
- G) Load calculations
- H) Riser diagram

Plumbing

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Minimum plumbing facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Fixture requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | C) Water supply piping |
| <input type="checkbox"/> | <input type="checkbox"/> | D) Sanitary drainage |
| <input type="checkbox"/> | <input type="checkbox"/> | E) Water heaters |
| <input type="checkbox"/> | <input type="checkbox"/> | F) Vents |
| <input type="checkbox"/> | <input type="checkbox"/> | G) Roof drainage |
| <input type="checkbox"/> | <input type="checkbox"/> | H) Back flow prevention |
| <input type="checkbox"/> | <input type="checkbox"/> | I) Irrigation |
| <input type="checkbox"/> | <input type="checkbox"/> | J) Location of water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | K) Grease traps |
| <input type="checkbox"/> | <input type="checkbox"/> | L) Environmental requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | M) Plumbing riser |

Mechanical

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Energy calculations (signed and sealed by architect) |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Exhaust systems: clothes dryer exhaust, kitchen equipment exhaust, specialty exhaust systems) |
| <input type="checkbox"/> | <input type="checkbox"/> | C) Equipment sizing (Manual N) |
| <input type="checkbox"/> | <input type="checkbox"/> | D) Equipment location |
| <input type="checkbox"/> | <input type="checkbox"/> | E) Make-up air |
| <input type="checkbox"/> | <input type="checkbox"/> | F) Roof mounted equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | G) Duct systems |
| <input type="checkbox"/> | <input type="checkbox"/> | H) Ventilation |
| <input type="checkbox"/> | <input type="checkbox"/> | I) Combustion air |
| <input type="checkbox"/> | <input type="checkbox"/> | J) Chimneys, fireplaces, and vents |
| <input type="checkbox"/> | <input type="checkbox"/> | K) Appliances |
| <input type="checkbox"/> | <input type="checkbox"/> | L) Boilers |
| <input type="checkbox"/> | <input type="checkbox"/> | M) Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | N) Bathroom ventilation |
| <input type="checkbox"/> | <input type="checkbox"/> | O) Laboratory |

Gas

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Gas piping (isometric & loads) |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Venting |
| <input type="checkbox"/> | <input type="checkbox"/> | C) Combustion air |
| <input type="checkbox"/> | <input type="checkbox"/> | D) Chimneys and vents |
| <input type="checkbox"/> | <input type="checkbox"/> | E) Appliances |
| <input type="checkbox"/> | <input type="checkbox"/> | F) Type of gas |
| <input type="checkbox"/> | <input type="checkbox"/> | G) Fireplaces |
| <input type="checkbox"/> | <input type="checkbox"/> | H) LP tank locations |
| <input type="checkbox"/> | <input type="checkbox"/> | I) Riser diagram/shut offs |

Demolition

- | | | |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A) Asbestos survey |
| <input type="checkbox"/> | <input type="checkbox"/> | B) Utility removal form |

I have completed this checklist accurately and acknowledge that if omissions or errors are found by the Plans Examiners, they will cause delays in the processing of my permit and may result in additional fees.

Signature of Applicant

Date

COMPLETED BY BUILDING DEPARTMENT

- Approved for permit Incomplete Not approved
 Additional documentation required

Comments:

Signature of Building Official

Date